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APPLICATION NUMBER

FILING OR 371 (c) DATE

FIRST NAMED APPLICANT

ATTORNEY DOCKET NUMBER

10/726,487

12/04/2003

Ramgopal Vissa

CONFIRMATION NO. 7523

Micropyretics Heaters International, Inc. 613 Redna Terrace Cincinnati, OH 45215

FORMALITIES LETTER

OC000000012110342

Date Mailed: 03/16/2004

NOTICE TO FILE CORRECTED APPLICATION PAPERS

Filing Date Granted

An application number and filing date have been accorded to this application. The application is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given TWO MONTHS from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The required item(s) identified below must be timely submitted to avoid abandonment:

- Replacement drawings in compliance with 37 CFR 1.84 and 37 CFR 1.121 are required. The drawings submitted are not acceptable because:
 - The drawings contain excessive text. Suitable descriptive legends may be used, or may be required by the Examiner where necessary for understanding of the drawing but should contain as few words as possible (see 37 CFR 1.84(o)). See Figure(s) 4, 5.
 - The drawings submitted to the Office are not electronically reproducible. Drawing sheets must be submitted on paper, which is flexible, strong, white, smooth, non-shiny, and durable (see 37 CFR 1.84(e)). See Figure(s) 5, 6 too dark.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

 Additional claim fees of \$145 as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$145 for a Small Entity

- Total additional claim fee(s) for this application is \$145
 - \$145 for multiple dependent claim surcharge.

Replies should be mailed to:

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Commissioner for Patents

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Alexandria VA 22313-1450

A copy of this notice <u>MUST</u> be returned with the reply.

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Initial Patent Examination Division (703) 308-1202

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